

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 378014
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2014 - 06/2015

<1>	<2>	<3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Dundy	310579623002443	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002444	0	0	0	0.15	0.15	0.15	Yes
NE	Dundy	310579623002445	6	6	6	0.14	0.14	0.14	Yes
NE	Dundy	310579623002446	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002447	11	11	11	0.07	0.07	0.07	Yes
NE	Dundy	310579623002448	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002449	1	1	1	0.11	0.11	0.11	Yes
NE	Dundy	310579623002450	3	3	3	0.11	0.11	0.11	Yes
NE	Dundy	310579623002451	8	8	8	0.1	0.1	0.1	Yes
NE	Dundy	310579623002452	2	2	2	0.1	0.1	0.1	Yes
NE	Dundy	310579623002453	1	1	1	0.1	0.1	0.1	Yes
NE	Dundy	310579623002454	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002455	5	5	5	0.07	0.07	0.07	Yes
NE	Dundy	310579623002456	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002457	5	5	5	0.07	0.07	0.07	Yes
NE	Dundy	310579623002458	3	3	3	0.07	0.07	0.07	Yes
NE	Dundy	310579623002459	4	4	4	0.1	0.1	0.1	Yes
NE	Dundy	310579623002460	0	0	0	0.13	0.13	0.13	Yes
NE	Dundy	310579623002461	0	0	0	0.1	0.1	0.1	Yes
NE	Dundy	310579623002462	2	2	2	0.1	0.1	0.1	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

100

(050) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 378014
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Dundy	310579623002463	1	1	1	0.08	0.08	0.08	Yes
NE	Dundy	310579623002464	2	2	2	0.05	0.05	0.05	Yes
NE	Dundy	310579623002465	2	2	2	0.11	0.11	0.11	Yes
NE	Dundy	310579623002470	5	5	5	0.07	0.07	0.07	Yes
NE	Dundy	310579623002471	3	3	3	0.07	0.07	0.07	Yes
NE	Dundy	310579623002472	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002473	4	4	4	0.07	0.07	0.07	Yes
NE	Dundy	310579623002474	0	0	0	0.06	0.06	0.06	Yes
NE	Dundy	310579623002475	4	4	4	0.02	0.02	0.02	Yes
NE	Dundy	310579623002480	2	2	2	0.07	0.07	0.07	Yes
NE	Dundy	310579623002481	4	4	4	0.07	0.07	0.07	Yes
NE	Dundy	310579623002482	1	1	1	0.14	0.14	0.14	Yes
NE	Dundy	310579623002483	0	0	0	0.01	0.01	0.01	Yes
NE	Dundy	310579623002485	0	0	0	1.59	1.59	1.59	Yes
NE	Dundy	310579623002486	0	0	0	0.13	0.13	0.13	Yes
NE	Dundy	310579623002487	0	0	0	0.01	0.01	0.01	Yes
NE	Dundy	310579623002488	4	4	4	0.17	0.17	0.17	Yes
NE	Dundy	310579623002489	0	0	0	0.07	0.07	0.07	Yes
NE	Dundy	310579623002491	5	5	5	0.1	0.1	0.1	Yes
NE	Dundy	310579623002492	1	1	1	0.1	0.1	0.1	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

100

[illegible]

100

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

ACCEPTED/FILED

JUL - 1 2015

Federal Communications Commission
Office of the Secretary

<010> Study Area Code 378015
<015> Study Area Name NE Colorado Cellular, Inc.
<020> Program Year 2015
<030> Contact Name: Person USAC should contact with questions about this data Mike Felicissimo
<035> Contact Telephone Number: Number of the person identified in data line <030> 9705426305 ext.
<039> Contact Email: Email of the person identified in data line <030> mike.felicissimo@viaero.com

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040>

☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<050> Carrier Contact Information

(complete attached worksheet)

<050>

☒

<060> Coverage and Performance Report

(complete attached worksheet)

<060>

☒

<070> Urban Rate Comparability Certification

(complete attached certification)

<070>

☒

<080> Tribal Lands Reporting (y/n?)

(Does this study area cover tribal lands? Yes or No)

(If yes, complete the attached worksheet)

<080>

☐ ☒

<090> Project Update Information

(complete attached worksheet)

<090>

☒

<100> Certifications

<101> Reporting Carrier Certification

(complete attached certification)

<101>

☒

<102> Agent Certification

(complete attached certification)

<102>

☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	378015
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705426305 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0008314569
<111>	Filing Carrier Name	NE Colorado Cellular, Inc.
<112>	Winning Bidder Carrier Name	NE Colorado Cellular, Inc.
<113>	Street Address (or PO Box)	1224 W Platte Avenue
<114>	City	Fort Morgan
<115>	State	CO
<116>	Zip-Code	80701
<117>	Telephone Number	9705423605 ext.
<118>	Fax Number	9708673589
<119>	Email Address	mike.felicissimo@viaero.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Mike Felicissimo
<121>	Filing Carrier Name	NE Colorado Cellular, Inc.
<122>	Street Address (or PO Box)	1224 W Platte Avenue
<123>	City	Fort Morgan
<124>	State	CO
<125>	Zip-Code	80701
<126>	Telephone Number	9705423605 ext.
<127>	Fax Number	9708673589
<128>	Email Address	mike.felicissimo@viaero.com

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

<010>	Study Area Code	378015
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705426305 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2014 - 06/2015

Coverage and Performance attachments

Frontier_County_SAC378015_Broadband_Shape_region.zip,
Frontier_County_SAC378015_Voice_Shape_region.zip,
Frontier_County_NE_310639611001241_Submission_point.zip

<141>

[illegible]

Percentage of Total
Population Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

90

<010> Study Area Code	378015
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705426305 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2015
Printed name of Authorized Officer:	Mike Felicissimo
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378015 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010> Study Area Code	378015
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705426305 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

<010>	Study Area Code	378015
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705426305 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	07/31/2016
<202>	Total Mobility Fund Support Awarded	85674.05
<203>	Total Mobility Fund Support Disbursed	28558.02

<210>	Actual Completion Date	04/22/2015
-------	------------------------	------------

<211>	Project Status Description (attached)	Nebraska Sites complete.pdf
-------	---------------------------------------	-----------------------------

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input type="checkbox"/>
<216>	Project Budget Status	<input type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
-------	--	--

<010>	Study Area Code	378015
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705426305 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/30/2015

Printed name of Authorized Officer: Mike Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378015

Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010> Study Area Code	378015
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705426305 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 378015
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705426305 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2014 - 06/2015

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Frontier	310639611001225	6	6	6	6.68	5.77	5.77	Yes
NE	Frontier	310639611001241	8	8	8	1.64	1.64	1.64	Yes
NE	Frontier	310639611001270	0	0	0	0.03	0.03	0.03	Yes
NE	Frontier	310639611001271	3	3	3	1.85	1.85	1.85	Yes
NE	Frontier	310639611001362	0	0	0	3.69	3.69	3.69	Yes
NE	Frontier	310639611001378	0	0	0	0.06	0.06	0.06	Yes
NE	Frontier	310639611001398	0	0	0	1.78	1.78	1.78	Yes
NE	Frontier	310639611001406	5	5	5	1.43	1.43	1.43	Yes
NE	Frontier	310639611001462	0	0	0	0.46	0.46	0.46	Yes
NE	Frontier	310639611001463	0	0	0	0.36	0.36	0.36	Yes
NE	Frontier	310639611001465	0	0	0	0.23	0.23	0.23	Yes
NE	Frontier	310639611001466	0	0	0	0.02	0.02	0.02	Yes
NE	Frontier	310639611001469	0	0	0	2.2	2.06	2.06	Yes
NE	Frontier	310639611001471	0	0	0	0.16	0.16	0.16	Yes
NE	Frontier	310639611001479	0	0	0	0.98	0.98	0.98	Yes
NE	Frontier	310639611001480	0	0	0	0.03	0.03	0.03	Yes
NE	Frontier	310639611001487	0	0	0	0.24	0.24	0.24	Yes
NE	Frontier	310639611001488	0	0	0	0.5	0.5	0.5	Yes
NE	Frontier	310639611001489	0	0	0	0.44	0.44	0.44	Yes
NE	Frontier	310639611001490	0	0	0	0.28	0.28	0.28	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

90

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 378015
 <015> Study Area Name NE Colorado Cellular, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo
 <035> Contact Telephone Number - Number of person identified in data line <030> 9705426305 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com
 <140> Coverage and Performance Report Year 07/2014 - 06/2015

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
NE	Frontier	310639611001525	0	0	0	0.04	0.04	0.04	Yes
NE	Frontier	310639611001526	0	0	0	0.21	0.21	0.21	Yes
NE	Frontier	310639611002397	0	0	0	0.11	0.11	0.11	Yes
NE	Frontier	310639611002406	0	0	0	0.56	0.56	0.56	Yes
NE	Frontier	310639611002412	0	0	0	2.46	2.46	2.46	Yes
NE	Frontier	310639611002414	0	0	0	0.05	0.05	0.05	Yes
NE	Frontier	310639611002421	0	0	0	0.69	0.69	0.69	Yes
NE	Frontier	310639611002457	0	0	0	0.25	0.25	0.25	Yes
NE	Frontier	310639611002489	0	0	0	0.82	0.23	0.23	Yes
NE	Frontier	310639611002491	0	0	0	0.31	0.03	0.03	Yes
NE	Frontier	310639611002493	0	0	0	0.05	0.05	0.05	Yes
NE	Frontier	310639611002494	0	0	0	0.25	0.12	0.12	Yes
NE	Frontier	310639611002496	0	0	0	0.21	0.21	0.21	Yes
NE	Frontier	310639611002538	0	0	0	0.11	0.0	0.0	Yes
NE	Frontier	310639611002639	0	0	0	0.03	0.03	0.03	Yes
NE	Frontier	310639611002641	0	0	0	0.16	0.06	0.06	Yes
NE	Frontier	310639611002642	0	0	0	0.28	0.05	0.05	Yes
NE	Frontier	310639611002644	0	0	0	0.27	0.12	0.12	Yes
NE	Frontier	310639611002655	0	0	0	1.2	0.66	0.66	Yes
NE	Frontier	310639611002692	0	0	0	0.67	0.67	0.67	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

90

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code	378017	ACCEPTED/FILED
<015> Study Area Name	NE Colorado Cellular, Inc.	
<020> Program Year	2015	JUL - 1 2015
<030> Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	Federal Communications Commission Office of the Secretary
<035> Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	
<039> Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040> <input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<050> Carrier Contact Information (complete attached worksheet)	<050> <input checked="" type="checkbox"/>
<060> Coverage and Performance Report (complete attached worksheet)	<060> <input checked="" type="checkbox"/>
<070> Urban Rate Comparability Certification (complete attached certification)	<070> <input checked="" type="checkbox"/>
<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No) (If yes, complete the attached worksheet)	<080> <input type="radio"/> <input checked="" type="radio"/>
<090> Project Update Information (complete attached worksheet)	<090> <input checked="" type="checkbox"/>
<100> Certifications	
<101> Reporting Carrier Certification (complete attached certification)	<101> <input checked="" type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102> <input type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact FormFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0008314569
<111>	Filing Carrier Name	NE Colorado Cellular, Inc.
<112>	Winning Bidder Carrier Name	NE Colorado Cellular, Inc.
<113>	Street Address (or PO Box)	1224 W Platte Avenue
<114>	City	Fort Morgan
<115>	State	CO
<116>	Zip-Code	80701
<117>	Telephone Number	9705423605 ext.
<118>	Fax Number	9708673589
<119>	Email Address	mike.felicissimo@viaero.com

Contact Information

If same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Mike Felicissimo
<121>	Filing Carrier Name	NE Colorado Cellular, Inc.
<122>	Street Address (or PO Box)	1224 W Platte Avenue
<123>	City	Fort Morgan
<124>	State	CO
<125>	Zip-Code	80701
<126>	Telephone Number	9705423605 ext.
<127>	Fax Number	9708673589
<128>	Email Address	mike.felicissimo@viaero.com

Authorized Agent Information

If no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Feliciassimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.feliciassimo@viaero.com
<140>	Coverage and Performance Report Year	07/2014 - 06/2015

Construction not completed.zip

Coverage and Performance attachments

[illegible]

Percentage of Total
Population Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

<010> Study Area Code	378017
<015> Study Area Name	NE Colorado Cellular, Inc.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035> Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NE Colorado Cellular, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2015
Printed name of Authorized Officer:	Mike Felicissimo
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	9705423605 ext.
Study Area Code of Reporting Carrier:	378017 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	07/31/2016
<202>	Total Mobility Fund Support Awarded	31468.98
<203>	Total Mobility Fund Support Disbursed	10489.66

<210>	Actual Completion Date	
-------	------------------------	--

<211>	Project Status Description (attached)	Nebraska Sites in beginning stage.pdf
-------	---------------------------------------	---------------------------------------

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input type="checkbox"/>
<216>	Project Budget Status	<input type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
-------	--	--

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NE Colorado Cellular, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/30/2015

Printed name of Authorized Officer: Mike Felicissimo

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 9705423605 ext.

Study Area Code of Reporting Carrier: 378017

Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / CarrierFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 8 of 8

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:**Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: _____

Name of Reporting Carrier: _____

Signature of Authorized Officer: _____

Date: _____

Printed name of Authorized Officer: _____

Title or position of Authorized Officer: _____

Telephone number of Authorized Officer: _____

Study Area Code of Reporting Carrier: _____

Filing Due Date for this form: _____

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: _____

Name of Authorized Agent or Employee of Agent: _____

Signature of Authorized Agent or Employee of Agent: _____

Date: _____

Printed name of Authorized Agent or Employee of Agent: _____

Title or position of Authorized Agent or Employee of Agent: _____

Telephone number of Authorized Agent or Employee of Agent: _____

Study Area Code of Reporting Carrier: _____

Filing Due Date for this form: _____

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	378017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2014 - 06/2015

[illegible]

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

ACCEPTED/FILED

JUL - 1 2015

Federal Communications Commission
Office of the Secretary

<010> Study Area Code 378018
<015> Study Area Name NE Colorado Cellular, Inc.
<020> Program Year 2015
<030> Contact Name: Person USAC should contact with questions about this data Mike Felicissimo
<035> Contact Telephone Number: Number of the person identified in data line <030> 9705423605 ext.
<039> Contact Email: Email of the person identified in data line <030> mike.felicissimo@viaero.com

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040> ☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<050> Carrier Contact Information (complete attached worksheet)

<050> ☒

<060> Coverage and Performance Report (complete attached worksheet)

<060> ☒

<070> Urban Rate Comparability Certification (complete attached certification)

<070> ☒

<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)
(If yes, complete the attached worksheet)

<080> ☐ ☒

<090> Project Update Information (complete attached worksheet)

<090> ☒

<100> Certifications

<101> Reporting Carrier Certification (complete attached certification)

<101> ☒

<102> Agent Certification (complete attached certification)

<102> ☐

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.